

# Foster Family Home - Corrective Action Report

Provider ID: 1-576225

Home Name: Marylou Gorospe, CNA

Review ID: 1-576225-9

94-1090 Heahea Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/18/2018

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/18/18. Corrective Action Report issued during home visit with all items due to CTA by 1/18/19.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - APS/CAN done on 11/29/18 for CG #3. Expired on 12/3/17.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

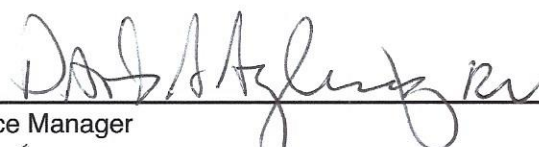
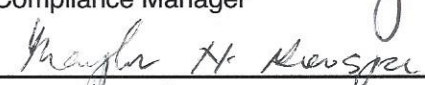
41.(b)(7) - No current TB clearance for CG #3. Expired on 12/11/18.

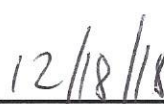
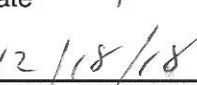
## 3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) - No keeping track of hours spent outside the CCFFH.

  
Compliance Manager  
  
Primary Care Giver

  
Date 12/18/18  
  
Date 12/18/18



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: MARYLOU GOROSPE

CCFFH Address: 94-1090 HEA HEA ST, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(9)(2)	I showed CTA a correct APS/CAN for CG #3 on the day of recertification.	12/18/18	I have written a list of expiration dates for APS/CAN and TB for all CG's. I have placed the list in the front of my CTA binder. I will review the list every month.
41.(b)(7)	I received a current TB clearance from CG #3 and placed in my CTA binder.	12/19/18	
41.(3p)(b)(2)	I have written down the total hours that i am out of my CCFFH.	12/19/18	I will continue to write down the hours i am away from my CCFFH.

Primary Caregiver's Signature: Marylou Gorospe

Print Name: Marylou Gorospe

Date of Signature: Marylou Gorospe 1/03/19